

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31591**

FILED SEP 23 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 591

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. LENGTH OF STAY (In this place) <b>6 days</b>		c. CITY OR TOWN <b>Warrensburg</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Windsor Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>110 Ming St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <b>JESSIE MAE WAYMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 3, 1877</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Johnson County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>E.T. Bagby</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Phillips</b>		14. NAME OF HUSBAND OR WIFE <b>Robert J. Wayman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J.E. Taylor, 110 Ming St.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Warrensburg, Mo. <b>Lung Abscess</b> <b>Chronic Bronchitis Acute Episode</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b> <b>2 1/2 wks.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		DUE TO (c)	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5021</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-31, 1953 to 9-10, 1957 that I last saw the deceased alive on 9-9, 1957 and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Claude M. Shuber M.D. 23b. ADDRESS Windsor, Mo. 23c. DATE SIGNED 9-11-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/12/57 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery 24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.

DATE REC'D BY LOCAL REG. 9-16-57 REGISTRAR'S SIGNATURE Mildred Bigum FUNERAL DIRECTOR'S SIGNATURE Walter C. ... ADDRESS Bealia, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 24 1957

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *P. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sealed*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.